

PAGE	1	OF	5
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00053553 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee Prolist Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>07 / 10 / 2014</div> </div>	
Mailing Address 8341 Beechcraft Avenue		Amount <div> <div>971.76</div> </div>	
City Gaithersburg	State MD	Zip Code 20879-1509	Transaction ID : 60757873
Purpose of Expenditure Data Match	Category/ Type	004	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> </div>
Name of Federal Candidate Rep. Jack Kingston	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>0.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014	<input checked="" type="checkbox"/> Other (specify) ▶ Runoff2014

Full Name of Payee Connection Strategy, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address P.O. Box 2192		Amount 6233.48	
City Arlington	State VA	Zip Code 22202	Transaction ID : 60757876
Purpose of Expenditure Phone Bank	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Jack Kingston	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought	0.00	District: 01 State: GA	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff2014	

(a) SUBTOTAL of Itemized Independent Expenditures.....		7205.24
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00053553	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address P.O. Box 1467		Amount 731.78	
City Newington	State VA	Zip Code 22122	Transaction ID : 60757886
Purpose of Expenditure Print 4 Color Flyers	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate David Young		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address P.O. Box 1467		Amount 81.31	
City Newington	State VA	Zip Code 22122	Transaction ID : 60757887
Purpose of Expenditure Print 4 Color Flyers	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Staci Appel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	813.09
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mary Rose Adkins

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Date

MM / DD / YYYY
07 / 11 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00053553
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address P.O. Box 1467		Amount 731.78
City Newington	State VA	Zip Code 22122
Purpose of Expenditure Print 4 Color Flyers	Category/Type 004	Transaction ID : 60757888 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate William Southerland II		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address P.O. Box 1467		Amount 81.31
City Newington	State VA	Zip Code 22122
Purpose of Expenditure Print 4 Color Flyers	Category/Type 004	Transaction ID : 60757927 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Gwen Graham		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	813.09
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address P.O. Box 1467		Amount 731.78
City Newington	State VA	Zip Code 22122
Purpose of Expenditure Print 4 Color Flyers	Category/ Type 004	Transaction ID : 60757930 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate David Joyce	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address P.O. Box 1467		Amount 81.31
City Newington	State VA	Zip Code 22122
Purpose of Expenditure Print 4 Color Flyers	Category/ Type 004	Transaction ID : 60757931 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Michael Wager	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	813.09
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Master Print, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address P.O. Box 1467		Amount 203.27	
City Newington	State VA	Zip Code 22122	Transaction ID : 60757933
Purpose of Expenditure Print 4 Color Flyers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rep. Jack Kingston		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President State: GA	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff2014	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	203.27
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	9847.78

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Mary Rose Adkins

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07 / 11 / 2014

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